SBAR, a handoff model originally developed for communication on submarines, has been adapted for health care by Kaiser Permanente. An acronym, SBAR gives teams a simple tool for structuring communication:

- Situation
- Background
- Assessment
- Recommendation.

Many organizations are considering SBAR as a method for standardizing handoffs to comply with the Joint Commission on Accreditation of Healthcare Organizations National Patient Safety Goals.

Kaiser Permanente introduced SBAR after realizing that different members of the team have different communication styles, explains Suzanne Graham, RN, PhD, director of patient safety for California Kaiser Permanente.

Nurses tend to talk in broad brush strokes about the care plan. Physicians want the bottom line: “What’s the problem, and what do you need?”

Putting SBAR into practice

Graham offered tips for implementing SBAR for nurse and physician teams:

Prepare the culture

In a culture that improves communication and enhances safety, the hierarchy is flattened so clinicians at all levels feel safe to speak up and participate. The inevitable mistakes are seen as systems problems that need to be analyzed and corrected, not a personal failure. Staff are taught assertion skills for stating problems politely and persistently until they get an answer—old methods of communicating such as “hint and hope” are fraught with risk, Graham says.

Make SBAR part of a project

Learning how to use a new communication technique like SBAR is more meaningful if the team has an immediate opportunity to apply it, Graham notes. For example, it might be part of a project to improve surgical safety.

Train the whole team together

“Generally, nurses use SBAR with physicians, so the physicians need to know they will be the receiver of a standardized form of communication,” Graham says. “Physicians should learn to be good receivers and not put SBAR down.”

Physicians tend to like SBAR, she adds, because it reminds them of SOAP (Subjective, Objective, Assessment, Plan) notes, which are used for medical documentation.

Recently, when team training was provided for perioperative staff at a Kaiser Permanente facility, the surgical schedule was arranged so staff and physicians could attend the 2-hour education at the same time. Training was offered 3 times to cover all shifts.

Develop scenarios

As an exercise, have small groups develop scenarios for how SBAR would be used in different situations. Graham did this recently at a kickoff for an organization that was introducing rapid-response teams.

“I asked each table to come up with a situation when they would call a rapid-response team,” she explains. “Then I said, ‘Put it in SBAR. How would you tell the response team what is going on using SBAR?’”
Develop a template

Coach nurses to have information in front of them when they call a physician. Physicians say that is key to making communication more successful. Graham recommends that nursing units develop a template with questions physicians are likely to ask when calling a physician. Then nurses will have the information at their fingertips.

Linda Groah, RN, MS, CNOR, CNA, FAAN, nurse executive and chief operating officer at Kaiser Permanente Hospital, San Francisco, will present a breakout session on handoffs at the Managing Today’s OR Suite conference Nov 8 to 10 in Orlando, Fla.

Reference

SBAR: Perioperative examples

Preoperative nurse to OR nurse

Situation: “Mary, I’m going to be sending Mrs Porter over to you in a few minutes for repair of her fractured ankle. I want you to know what’s going on with her. I’m concerned about her emotional status. I’ve also alerted Dr Anesthesia and Dr Surgeon about my concern, but they have agreed to go ahead with the surgery because she needs this procedure to salvage her foot.”

Background: “She was in an auto accident last Friday, and her husband was killed. Her children are all at the funeral home making arrangements for his burial. She’s made some comments about not wanting to live. Her vital signs are stable; the foot is cool and slightly mottled. We’ve just given her some Versed.”

Assessment: “I think her emotional status is such that this will be a very difficult period of time for her, especially during induction and awakening from anesthesia.”

Recommendation: “I suggest that you meet her as soon as possible and stay with her during induction and emergence from anesthesia.”

Anesthesia provider to nurse in postanesthesia care unit

Situation: “Sue, this is Mr Smith. We’ve just completed a colon resection on him.”

Background: “He’s 72 years old, and the procedure was done for colon cancer. He also has emphysema and his O₂ saturation has not been very good since extubation.”

Assessment: “His current O₂ saturation is 85%, with respirations of 6 per minute. Other vital signs are stable, dressings are clean and dry, and he’s starting to respond to voices.”

Recommendation: “Please put him on 5 liters of O₂ and keep me informed of his O₂ saturation and other vital signs.”

Credit: Kathy Shaneberger, RN, MSN, CNOR.